

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 31-JAN-2016		TIME 04:25:00		2. ADDRESS OF OCCURRENCE 7305 S PAULINA ST CHICAGO, IL 60636			3. LOCATION CODE 290		4. BEAT/OCCUR 0735	
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME PASILLAS	7. FIRST NAME DAVID	8. STAR NO. 17798	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WWH	11. AGE 506	12. HT. 175	13. WT.	
	14. DATE OF APPT. 05-MAR-2013	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 007 0735R	17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	20. LAST NAME SMITH	21. FIRST NAME CHARLES	22. M.I.	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B.	26. HT. 511	27. WT. 230		
	28. ADDRESS CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? CFD	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED		37. CB NO.		IR NO.					
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION					
	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAULT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER SMITH & WESSON 4US (BODYGUARD/CHIEF SPECIAL)		46. MODEL M&P		47. BARREL LENGTH 4.25		48. CALIBER/GAUGE 9 MM			
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) HAN8561		51. CHICAGO GUN REG. NO. R032354S		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 7	
CASE INFO.	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) AT THIS TIME RO IS		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 1		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1603102673	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) WALL		71. RD. NO. HZ135085	
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC			
	72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	73. REPORTING MEMBER (Print Name) PASILLAS, DAVID		STAR/EMPLOYEE NO. 17798		SIGNATURE					
	31-JAN-2016 11:18:18									
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L		STAR NO. 93		SIGNATURE		DATE REVIEWED 31-JAN-2016 11:19:10		TIME		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject/Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer David Pasillas #17798 acted in compliance with Department policy. Officer Pasillas fired his weapon in fear for his life after offender SMITH, Charles IR #1270281 pointed and fired his handgun in Officer Pasillas' and his partner, Officer Arnulfo Gomez's #13296 direction, thus placing them in fear of their lives. Log Number 1079080 was issued for this incident. U#16-02

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1079080 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

31-JAN-2016 12:57:24

79. TOTAL TRR's THIS EVENT No.

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